

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 03/11/2013  
FORM APPROVED  
OMB NO. 0938-0391

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|--|---|--|--|----------------------------|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>175169</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____   |                            | (X3) DATE SURVEY<br>COMPLETED<br><br><b>03/11/2013</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>COFFEYVILLE REGIONAL MEDICAL CENTER SNF</b> |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1400 W 4TH PO BOX 850<br/>COFFEYVILLE, KS 67337</b>                          |                            |  |
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| F 000  | INITIAL COMMENTS  | F 000  |  |                            |  |
| F 241<br>SS=D  | <p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The following citations represent the findings of a Health Resurvey.</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This Requirement is not met as evidenced by:<br/>The facility reported a census of 8 residents, the sample included 7 in house residents and 4 discharged residents. Based on observation, interview and record review, the facility failed to promote care for residents in a manner to maintain or enhance the dignity for the 3 residents reviewed for dignity, including; privacy of urine collection bags for 2 (#66 and # 70) of 2 residents sampled with catheters, and 1 (#68) resident who required assistance with meals.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Review of resident #66's electronic record admission page, dated 2-28-13, revealed an admission date to the skilled unit on 2-28-13.</li> </ul> <p>Observation, on 3-5-13 at 9:00 am, revealed the resident lying in bed with the urine collection bag without a privacy covering, positioned on the left lower side of the bed viewable from the hallway and upon entering the resident's room.</p> <p>Interview, on 3-5-13 at 9:00 am, with licensed nursing staff C, revealed the facility does not stock covers for urine collection catheter bags.</p> | F 241  |  |                            |  |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 241  | <p>Continued From page 1</p> <p>Interview, on 3-6-13 at 5:18 pm, with licensed administrative staff A, revealed the facility did have the bag covers available at one time, but now the bags are positioned on the side of the bed without a view from the hall.</p> <p>The facility failed to provide a privacy urinary bag cover, for this resident with a urine collection bag, to maintain the resident's dignity and privacy.</p> <p>- Review of resident #70's electronic medical record, face sheet, dated 2-25-13, revealed the resident admitted to the facility on 2-25-13.</p> <p>Observation, on 3-4-13, 3-5-13 and 3-6-13 at various times, revealed a dry erase board on the wall opposite the resident's bed, with "Feeder, thickened liquids" written in the lower left corner. This board revealed visible resident personal information, upon entry to the resident's room by other residents or visitors.</p> <p>Interview, on 3-6-13 at 10:00 am, with direct care staff G, revealed "Feeder" indicated to staff that the resident required assistance with meals.</p> <p>The facility failed to provide privacy and dignity for this resident who required assistance with meals.</p> <p>- A review of resident #68's computerized medical record revealed an admission date of 3/2/13. A History and Physical, dated 2/27/13, documented a diagnosis of: neurogenic bladder (dysfunction of the urinary bladder caused by a lesion of the nervous system).</p> <p>On 3/5/13 at 4:43 PM, administrative nursing staff A reported, "We are using the 'Interventions' section [of the computer system as the care</p> | F 241  |  |  |  |

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| F 241  | <p>Continued From page 2<br/>plan]."</p> <p>The interventions include: "Urinary catheter care,"<br/>but lacked any information in regards to providing<br/>a dignity bag/ covering.</p> <p>On 3/4/13 at 1:00 PM, the resident's indwelling<br/>urinary dependent drainage bag, hung from the<br/>foot rest of the recliner, exposing the resident's<br/>urine drainage in full view of the hallway and<br/>anyone passing by or entering the resident's<br/>room.</p> <p>On 3/5/13 at 1:09 PM, the catheter's dependent<br/>drainage bag hung from the footrest of the<br/>resident's recliner, but covered via the blankets;<br/>thus unable to visualize the drainage bag.<br/>Licensed nursing staff C and direct care staff E<br/>assisted the resident to the bed. Staff C hung the<br/>resident's catheter dependent drainage bag on<br/>the bed frame, exposing the resident's urine<br/>drainage, in full view of the hallway and anyone<br/>passing by or entering the resident's room. .</p> <p>On 3/5/13 at 3:11 PM, licensed nursing staff C<br/>reported the facility lacked any coverings for the<br/>catheter dependent drainage bags.</p> <p>On 3/5/13 at 4:00 PM, the resident's catheter<br/>dependent drainage bag hung from the bed<br/>frame, and lacked a covering, thus exposing the<br/>resident's urine drainage to anyone passing by or<br/>entering the resident's room.</p> <p>On 3/6/13 at 5:07 PM, direct care staff F reported<br/>the care for the resident's catheter dependent<br/>drainage bag included, "If [the resident] is in the<br/>chair we put it on the metal foot rest and when in<br/>bed there is a holder. ...No, I think [the director of<br/>skilled nursing] was going to call down and see if</p> | F 241  |  |  |  |

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| F 241  | Continued From page 3<br>we have covers... Normally we don't cover [the<br>dependent drainage bag] with anything."<br><br>On 3/6/13 at 5:18 PM, administrative nursing staff<br>A reported, "I told them to keep it on the other<br>side of the bed. We did have at one time, but<br>generally we we keep them on the wall side of the<br>bed."<br><br>The facility failed to enhance this resident's<br>dignity related to privacy and coverage of the<br>dependent resident's catheter drainage bag.  | F 241  |  |                            |  |
| F 248<br>SS=D  | 483.15(f)(1) ACTIVITIES MEET<br>INTERESTS/NEEDS OF EACH RES<br><br>The facility must provide for an ongoing program<br>of activities designed to meet, in accordance with<br>the comprehensive assessment, the interests and<br>the physical, mental, and psychosocial well-being<br>of each resident.<br><br>This Requirement is not met as evidenced by:<br>The facility reported a census of 8 residents. The<br>sample included 7 in house residents and 4<br>discharged residents. Based on observation,<br>interview and record review, the facility failed to<br>provide activities for 2 (# 66 and #70) of the 3<br>residents reviewed for activities.<br><br>Findings included:<br><br>- Review of resident #66's electronic record<br>admission page, dated 2-28-13, revealed<br>admission to the skilled unit on 2-28-13.<br><br>The discharge summary from acute care, dated<br>3-2-13, revealed diagnoses included moderate<br>mental retardation, and debility. | F 248  |  |                            |  |

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| F 248  | <p>Continued From page 4</p> <p>Interview, on 3-4-13 at 1:06 pm, with the resident's responsible party, revealed the resident did participate in handling towels and straws, and enjoyed music and television.</p> <p>Observation, on 3-4-13 at 4:30 pm, revealed the resident lying in bed, moving upper extremities over the sheet and blanket with occasionally grasping motion of fingers. The resident's eyes were open, with occasional vocalization sound. The television off and the CD player off.</p> <p>Observation, on 3-5-13 at various times throughout the day, revealed the lack of music or television. The resident continued to grasp at the sheet and blanket.</p> <p>Observation, on 3-5-13 at 10:00 am, revealed the resident lying in bed, without TV or CD player on. Observations throughout the day, continued to reveal lack of music or television, and the resident continued to grasp at their sheet and blanket with their hands.</p> <p>Interview, on 3-5-13 at 10:34 am, with activity staff H, revealed completion of an activity assessment revealed some interest in a large diameter soft string ball. Staff H stated the resident unable to voice preferences, and the staff did not contact the resident's representative for further activity preference information.</p> <p>Observations, on 3-5-13, throughout the day, at various times, continued to reveal a lack of music or television, and the resident continued to grasp at the sheet and blanket with their hands.</p> <p>Observation, on 3-5-13 at 3:30 pm, revealed the resident lying in bed, with the lack of music or television and the resident continued to grasp at</p> | F 248  |  |                            |  |

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| F 248  | <p>Continued From page 5</p> <p>their blanket with their hands.</p> <p>Interview, on 3-5-13 at 3:30 pm, with direct care staff D, revealed the resident required staff to provide all activities of daily living and did not participate in any activities.</p> <p>Interview, on 3-5-13 at 3:40 pm, with direct care staff E, revealed the resident enjoyed country music, as informed by acute care staff when transferred to the skilled unit.</p> <p>The facility policy for activity director, updated 3-11-10, advised staff to interview family for types of activities the resident participates in and enjoys.</p> <p>The facility failed to provide activities for this dependent, debilitated resident with mental disability.</p> <p>- Review of resident # 70's electronic record, admission page, dated 2-25-13, revealed and admission dated of 2-25-13.</p> <p>The physician summary, dated 2-25-13, revealed diagnoses including dementia (progressive mental disorder characterized by failing memory and confusion), and depression (an abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness and emptiness).</p> <p>Observation, on 3-4-13 at 1:00 pm, revealed the resident seated in a chair beside the resident's bed, with the TV turned on but without sound.</p> <p>Interview, on 3-5-13 at 10:34 am with activity staff H, revealed the resident did not express and interest in any activities. Staff H stated the</p> | F 248  |  |                            |  |

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| F 248  | <p>Continued From page 6</p> <p>resident did not read, or express and interest in music or television or any activity.</p> <p>Interview, on 3-5-13 at 2:30 pm, with direct care staff D, revealed the resident becomes uncooperative at times and prefers to sleep.</p> <p>Observation on 3-5-13 and 3-6-13, at various times, revealed the resident lying in bed or seated in the chair at the bedside with the TV on but without sound. These observations revealed no activities provided for this dependent resident.</p> <p>Interview, on 3-6-13 at 10:30 am, with direct care staff G, revealed the resident turned the volume down on the TV by themselves, not caring for the sound of the TV program.</p> <p>The facility policy for activities, updated 3-11-10, advised staff to have available activities for all levels of care.</p> <p>The facility failed to provide activities to enhance the resident's mental and psychosocial well-being for this resident with dementia and depression.</p> | F 248  |  |                            |  |
| F 314<br>SS=D  | <p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>This Requirement is not met as evidenced by:</p>  | F 314  |  |                            |  |

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| F 314  | <p>Continued From page 7</p> <p>The facility reported a census of 8 residents. The sample included the 7 in house residents and 4 discharged residents. Based on observations, interviews, and record review, the facility failed to provide necessary treatment and services to promote healing of a pressure ulcer for one (#68) of the three sampled residents reviewed for pressure ulcers.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- A review of resident #68's computerized medical record revealed an admission date of 3/2/13.</li> </ul> <p>The "Skin Risk Assessment Scale," dated 3/2/13 at 1832, documented a score of 16 and the resident at "Low" risk.</p> <p>The Adult Admission Physical Assessment, dated 3/2/13 at 9:54 PM, revealed, "Integumentary Symptoms- No Symptoms."</p> <p>The "Skilled Daily Assessment", dated 3/3/12 at 1:54 AM, revealed no documentation of "Pressure Areas", but on 3/4/13 at 4:33 AM, on 3/4/13 at 11:39 PM, and on 3/6/13 at 4:26 AM, revealed documentation of "STG [stage] 2 Coccyx." No Skilled daily assessment documentation for 3/5/13.</p> <p>On 3/5/13 at 4:43 PM, administrative nursing staff A reported, "We are using the 'Interventions' section [of the computer system as the care plan]."</p> <p>The "Interventions" section included, "Wound Assessment." The wound assessment, dated 3/5/13 at 2:28 PM, documented "Sacrum... Pressure Ulcer... General appearance-</p> | F 314  |  |                            |  |



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| F 314  | <p>Continued From page 8</p> <p>Reddened, Length- 2.00 cm, Width- 1.00 cm, Stage- II, Surrounding tissue appearance- Purple... Dressing type- Hydrocolloid..." The wound assessment, dated 3/16/13 at 3:23 AM, documented dressing dry and intact.</p> <p>A Physician's Standing order, initiated on 3/5/13 at 2:30 PM, for "Wound Dressings, Dry to minimal drainage: 1. Using clean technique, cleanse wound with NS and pat dry. 2. Apply hydrocolloid dressing. 3. Change dressing every 5 days unless dressing comes off or is saturated." An undated section included, "Protocol for Diabetic Ulcers, Air mattress, ... Make sure wound is off-loaded. If patient is ambulatory, extra measures may need to be taken to ensure wound is off-loaded."</p> <p>On 3/4/13 at 1:29 PM, licensed nursing staff B reported the resident with a pressure ulcer, "To coccyx. [He/She] came to our unit with it."</p> <p>On 3/5/13 at 2:15 PM, the resident reported the wound present to his/ her buttocks for "A week or two." The resident transferred to the bed with assistance, after requested by licensed nursing staff C. No dressing at this time present to the wound. The wound open with a pink and dry wound bed in a L shape. The surrounding tissue/ buttocks purple in color.</p> <p>On 3/5/13 at 5:15 PM, administrative staff A confirmed the resident, before the admission, with a stage 2 pressure area. Furthermore, staff A confirmed the lack of identification and the treatment of the pressure ulcer upon admission.</p> <p>The facility failed to identify the resident's pressure ulcer upon admission and failed to timely obtain treatment orders to promote healing</p> | F 314  |  |                            |  |

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| NAME OF PROVIDER OR SUPPLIER<br><b>COFFEYVILLE REGIONAL MEDICAL CENTER SNF</b> |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1400 W 4TH PO BOX 850<br/>COFFEYVILLE, KS 67337</b>                          |                            |  |
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| F 314  | Continued From page 9<br>of a pressure area for this resident.   | F 314  |  |                            |  |
| F 315<br>SS=D  | <p>483.25(d) NO CATHETER, PREVENT UTI,<br/>RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>This Requirement is not met as evidenced by:<br/>The facility reported a census of 8 residents. The sample included 7 in house residents and 4 discharged residents. Based on observation interview and record review, the facility failed to provide services to prevent urinary tract infections for one resident, (#66) of 2 reviewed for urinary catheters, and one resident (#65), reviewed for urinary incontinence.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Review of resident #66 electronic record admission page, dated 2-28-13, revealed an admission date to the skilled unit on 2-28-13.</li> </ul> <p>The physician discharge summary, dated 2-28-13, revealed diagnoses of Escherichia coli sepsis(systemic infection of the blood), enterococcus cystitis (bladder infection) and neurogenic bladder (dysfunction of the urinary bladder caused by a lesion of the nervous system).</p> | F 315  |  |                            |  |

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| F 315  | <p>Continued From page 10</p> <p>Observation, on 3-4-13 at 11:10 am, revealed the resident positioned on their left side, with staff D providing stool incontinence care to the resident. Observation revealed the resident's urinary Foley catheter unsecured and the urine collection bag positioned on the right side of the bed in a bath basin of water. Staff D stated the basin requires ice.</p> <p>Interview, on 3-4-13 at 2:34 pm, with licensed nursing staff B, revealed the diagnosis for the catheter cystitis. States staff keeping the urine cool due to 24 hour urine collection for analysis.</p> <p>Observation, on 3-5-13 at 9:00 am, revealed direct care staff D and licensed nursing staff C, providing stool incontinence care to the resident. Observation revealed the foley catheter unanchored to the resident.</p> <p>Observation, on 3-5-13 at 3:11 pm, revealed direct care staff D and licensed nursing staff C providing stool incontinence care to the resident. Staff C stated the catheter should be anchored to the resident's leg, and proceeded, at this time, to secure the catheter with the anchoring device on the resident's left inner thigh.</p> <p>Observation, on 3-6-13 at 1:00 pm, revealed direct care staff G and F providing stool incontinence care for the resident. The resident positioned on his/her left side. With gloved hands, staff G cleansed stool from the resident's rectal area with a cleansing wipe, folded it, and proceeded to wipe the resident's urethra and perineal area as exposed in this position.</p> <p>Interview, on 3-6-13 at 5:30 pm, with administrative nursing staff A, revealed the physician diagnosed the resident with neurogenic</p> | F 315  |  |  |  |

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| F 315  | <p>Continued From page 11</p> <p>bladder during the acute care stay and provided the physician acute care discharge summary.</p> <p>The facility policy for catheter care from Mosby's Skills, undated copy right 2006-20013, advised staff to avoid placing tension on the catheter and to use a clean cloth or perineal wipe for perineal care.</p> <p>The facility failed to provide catheter care to prevent urinary infection in this resident recovering from sepsis, enterococcal cystitis and neurogenic bladder.</p> <p>- A review of resident #65 's computerized medical record, revealed an admission date of 2/28/13.</p> <p>The Adult admission physical assessment, on 2/28/13 at 1:56 PM, documented "Integumentary symptoms- No symptoms."</p> <p>On 3/5/13 at 4:43 PM, administrative nursing staff A reported, "We are using the 'Interventions' section [of the computer system for the resident's care plan]."</p> <p>The "Interventions" section included, "Provide skin care." The documentation included as completed on 3/6/13 at 12:58 AM, 3/4/13 at 3:55 PM, 3/1/13 at 9:26 PM, 3/1/13 at 3:50 AM. The interventions lacked notation of the resident's continence/ incontinence status, or cares associated with this area.</p> <p>A review of the ADL [activities of daily living] Documentation, from 3/1/13 to 3/5/13, revealed the resident required some to maximum physical assist of 1 to 2 persons physical assist for toileting. The resident required no assistance to maximum help provided of set-up help only to 1</p> | F 315  |  |                            |  |

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| F 315  | <p>Continued From page 12</p> <p>person physical assist for personal hygiene.</p> <p>On 3/5/13 at 1:37 PM, the resident confirmed urinary incontinence and dribbling, and he/she currently used a pull-up brief.</p> <p>On 3/5/13 at 1:45 PM, direct care staff D assisted the resident to the bed. Staff D reported the resident incontinent of urine, "Not much, but some," and changed the pull-up brief. Staff D failed to provide any perineal hygiene for this incontinent resident.</p> <p>On 3/5/13 at 1:55 PM, licensed nursing staff C applied the Nystatin cream to the resident's peri-area. Staff C failed to provide any peri-area cleansing before the application of the medicated cream.</p> <p>On 3/5/13 at 4:00 PM, direct care staff D confirmed the resident as incontinent, "[He's/ She's] not a heavy wetter. [The resident's] only had 2 wet briefs today."</p> <p>On 3/6/13 at 5:12 PM, direct care staff G and F confirmed perineal hygiene care should be given to the residents with the change of any incontinent brief.</p> <p>On 2/6/13 at 5:14 PM, administrative nursing staff A reported the expectation of staff related to peri-care, "every time toileted... and with incontinent episodes." Staff A added, when questioned related to peri-area cleansing before the application of medication creams, "Should be, yeah."</p> <p>The facility failed to provide incontinence perineal hygiene care after an incontinence episode for</p> | F 315  |  |                            |  |

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| F 315  | Continued From page 13<br>this resident.   | F 315  |  |  |  |
| F 318<br>SS=D  | <p>483.25(e)(2) INCREASE/PREVENT DECREASE<br/>IN RANGE OF MOTION</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.</p> <p>This Requirement is not met as evidenced by:<br/>The facility reported a census of 8 residents. The sample included 7 in house residents and 4 discharged residents. Based on observation, interview and record review, the facility failed to provide restorative services for 1 resident (#66) to maintain current level of range of motion, and prevent further decline in range of motion, of the 1 reviewed for restorative/range of motion.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Review of resident #66 electronic record admission page, dated 2-28-13, revealed admission to the skilled unit on 2-28-13.</li> </ul> <p>The discharge summary from acute care, dictated/dated 3-2-13, revealed diagnoses including moderate mental retardation, and debility.</p> <p>Record review of occupational therapy note, dated 2-28-13, documented the resident not appropriate for treatment at this time due to mental and medical status.</p> <p>The physical therapy note dated 3-1-13,</p> | F 318  |  |  |  |

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| F 318  | <p>Continued From page 14</p> <p>documented the resident as total care and no skilled therapy needed as the resident at prior function and unable to follow commands. Therapy advised restorative services for upper and lower extremity passive range of motion.</p> <p>Observation, on 3-4-13 at 11:10 am, revealed the resident positioned on their left side, with left knee and hip flexed positioning the resident's knee on the resident's chest. The resident's right knee flexed. The resident's feet in a hyperextended position with sheepskin type heel protectors in place.</p> <p>Observation, on 3-5-13 at 9:00 am, revealed the resident positioned on left side in bed receiving percutaneous enterostomy gastric tube feeding. The resident's right and left lower extremities flexed at the knees. The resident's feet in a hyperextended position with heel protectors in place. Licensed nursing staff C and direct care staff D, positioned the resident on his/her left side and used pillows behind the resident's back and in between the resident's knees. The facility failed to provide positioning devices to the resident's feet to regain proper anatomical alignment, to prevent further decline.</p> <p>Interview, on 3-5-13 at 9:30 am, with direct care staff D, revealed the resident positioned with pillows and does move upper extremities and can straighten their lower extremities sometimes. Staff D stated the resident wears heel and elbow protectors.</p> <p>Interview, on 3-5-13 at at 1:45 pm, with therapy staff K, revealed the resident to receive restorative services 5 times per week. Staff K stated the resident assessed with contractions in upper and lower extremities, with some extension</p> | F 318  |  |                            |  |

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| F 318  | Continued From page 15<br>possible with relaxation, very little ankle<br>movement with flexion in hips, knees and elbows.<br>Staff K stated the staff use pillows for positioning.<br><br>On 3-7-13, facility provided untitled and undated,<br>documentation for the resident's contractures<br>which indicated; the contracture level as<br>"...irreversible therefore treatment is aimed at<br>maintaining current level of function. No "policy"<br>identified specifically for contracture care."<br><br>The facility failed to provide positioning devices to<br>prevent increase in the hyperextension of the<br>resident's feet to maintain and prevent increase in<br>the resident's ankle contractures. | F 318  |  |  |  |
| F 371<br>SS=F  | 483.35(i) FOOD PROCURE,<br>STORE/PREPARE/SERVE - SANITARY<br><br>The facility must -<br>(1) Procure food from sources approved or<br>considered satisfactory by Federal, State or local<br>authorities; and<br>(2) Store, prepare, distribute and serve food<br>under sanitary conditions<br><br>This Requirement is not met as evidenced by:<br>The facility reported a census of 8 residents.<br>Based on observation, and interview, the facility<br>failed to store, prepare, and distribute food under<br>sanitary conditions for the residents of the skilled<br>nursing unit.<br><br>Findings included:<br><br>- The initial tour, on 3/4/13 at 10:22 AM, revealed<br>the nourishment room contained:      | F 371  |  |  |  |



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| F 371  | <p>Continued From page 16</p> <p>1.) The refrigerator contained:</p> <p>a.) A yellowish tan spillage on the bottom, under the lower glass shelf.</p> <p>b.) Three Ensure 4 ounce puddings, with expiration date of 3/1/13.</p> <p>c.) One open container of yogurt, undated.</p> <p>d.) Two containers of chocolate pudding, undated and unlabeled.</p> <p>e.) One container of peaches, undated and unlabeled.</p> <p>f.) One container of pears, undated and unlabeled.</p> <p>g.) One can of Two Cal, with expiration date of 12/10/12.</p> <p>h.) Glucerna cans, 6 chocolate, with expiration date of 3/1/13; and 4 cans of vanilla with expiration date of 2/1/13.</p> <p>2.) The cupboard contained 5 cans of Glucerna 1.5 with expiration date of 11/1/12.</p> <p>The kitchen initial tour, on 3/4/13 at 10:30 AM, with dietary staff I revealed:</p> <p>1.) Glucerna, nutritional supplement, 16 cans of chocolate and 5 cans vanilla, with the expiration date of 3/1/13. Staff I reported, "It should have been rotated out...taken off the shelf...Today is the day I check for out-dates."</p> <p>2.) The "Veggie freezer" contained a full, closed box of fries, which sat directly on the freezer floor.</p> <p>The kitchen sanitation tour, on 3/6/13 at 3:30 PM, with dietary staff J, revealed:</p> <p>1.) Two small sauce pans with a light brown</p> | F 371  |  |  |  |

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| F 371  | <p>Continued From page 17</p> <p>substance within pits on the bottom of the cooking side.</p> <p>2.) A half sheet pan with brownish black accumulation of material in the corners at the base of the cooking side.</p> <p>3.) Six full sheet pans with brownish black accumulation of material in the corners at the base of the cooking side.</p> <p>On 3/6/13 at 3:30 PM, Staff J confirmed these pots and pans with substances, and reported, "This is unacceptable...They [kitchen staff] are fully aware of it, it should be cleaned out..."</p> <p>4) The steam table contained a brownish black substance between the holding pan water reservoirs. Staff J reported, "That is filthy, It's not that I've not told them..."</p> <p>The facility failed to store, prepare, and distribute food under sanitary conditions for the residents of the skilled nursing unit.</p> | F 371  |  |                            |  |
| F 425<br>SS=D  | <p>483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p>  | F 425  |  |                            |  |

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| F 425  | <p>Continued From page 18</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>This Requirement is not met as evidenced by:<br/>The facility reported a census of 8 residents. Based on observation, interview, and record review, the facility failed to provide routine medication as ordered by the physician for one (#68) of the eight resident reviewed for medication administration.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- A review of resident #68's computerized medical record revealed an admission date of 3/2/13.</li> </ul> <p>The physician's order, dated 3/2/13, directed staff to administer, Duller, 200/ 5 mcg [micrograms] inhaler, inhale 2 puffs twice a day.</p> <p>On 3/5/13 at 9:04 AM, licensed nursing staff C, failed to administer the Dulera inhaler as ordered for this resident. Staff C documented within the eMAR [electronic medication administration record], "Med [medication] not available." Staff C asked the resident if family could bring his/ her home medication from home, to be administered to the resident.</p> <p>On 3/6/13 at 12:25 PM, administrative nursing staff A reported, "The pharmacy should get us that. I will check on it."</p> | F 425  |  |  |  |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>175169</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____   |                            | (X3) DATE SURVEY<br>COMPLETED<br><br><b>03/11/2013</b> |
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| F 425  | <p>Continued From page 19</p> <p>On 3/6/13 at 5:00 PM, licensed nursing staff B reported, "I worked on Monday and I asked [him/her] to have [his/her] family bring it [the medication] in; and I worked today and [the resident] still didn't have it, so I asked [him/her] again."</p> <p>On 3/6/13 at 5:15 PM, administrative nursing staff A reported, "Oh, I forgot about it."</p> <p>Administrative nursing staff A provided a statement, on 3/7/13 at 10:12 AM, "[The resident] - Dulera inhaler not given due to medication unavailable. [The resident's physician] changing inhaler order to Advair..."</p> <p>On 3/7/13 at 4:15 PM, pharmacist staff L confirmed the resident lacked the non-formulary, Dulera medication since admission (on 3/2/13) and, "[the medication] was ordered from a home med list.. The pharmacy was not aware the patient did not have the medication...It just perpetuated it's self. We [the pharmacy staff] should have notified the physician when we put it [the order] in..."</p> <p>The facility's undated policy and procedure for, "Request for non-formulary drugs," revealed, "When a non-formulary drug is requested, the Pharmacist will inform the physician of the formulary items that are similar, and suggest using one of there as an alternative..."</p> <p>The facility failed to administer this physician ordered medication to the resident for at least 5 days after the physician ordered it.</p> | F 425  |  |                            |  |
| F 431<br>SS=E  | <p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS &amp; BIOLOGICALS</p> <p>The facility must employ or obtain the services of</p>  | F 431  |  |                            |  |

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| F 431  | <p>Continued From page 20</p> <p>a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This Requirement is not met as evidenced by:<br/>The facility reported a census of 8 residents. Based on observation and interview, the facility failed to maintain the medication cart in a sanitary manner.</p> <p>Findings included:</p> | F 431  |  |                            |  |

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| F 431  | Continued From page 21<br><br>- Observations on 3-4-13, 3-5-13 and 3-6-13, at various times, revealed nursing staff moving the medication cart in and out of the resident rooms to administer medications to the residents from the medication carts. The cart contained a computer keyboard on a shelf which contained particles of debris. The sides of the cart contained evidence of spillage and/or accumulation of dust like substance. The wheels of the cart contained debris.<br><br>Observation, on 3-6-13 at 11:00 am, revealed the top of the medication cart with white particles across the surface of the cart. Noted the computer keyboard on the shelf of the medication cart contained debris. A second medication cart revealed debris on the shelves and computer keyboard.<br><br>Interview, on 3-6-13 at 11:00 am, with licensed administrative staff A, revealed the secondary medication cart not in use at this time, but would be used when the census of the unit increases.<br><br>Interview, on 3-6-14 at 11:10 am, with licensed staff B revealed the medication carts are cleaned at the end of the shift by the nurse passing the medications<br><br>The facility failed to maintain the medication carts in a sanitary manner to prevent contamination of medications for the residents on this unit. | F 431  |  |                            |  |
| F 465<br>SS=C  | 483.70(h)<br>SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRONMENT<br><br>The facility must provide a safe, functional, sanitary, and comfortable environment for   | F 465  |  |                            |  |

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| F 465  | <p>Continued From page 22<br/>residents, staff and the public.</p> <p>This Requirement is not met as evidenced by:<br/>The facility reported a census of 8 residents.<br/>Based on observation, interview, and record<br/>review, the facility failed to provide a safe and<br/>sanitary environment in 1 of 1 kitchen.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- The initial kitchen tour, on 3/4/13 at 10:30 AM,<br/>with dietary staff I, revealed a structural pillar<br/>between the cook's air conditioner and the cook's<br/>work area which contained 9 broken and missing<br/>tiles, approximately 4 inches by 4 inches, on a<br/>corner, approximately 20 inches up from the floor.<br/>Thus, revealing a 3 inch hole in the dry wall<br/>material, which exposed a void area within the<br/>wall.</li> <li>The kitchen sanitization tour, on 3/6/13 at 3:30<br/>PM, with dietary staff J, revealed: <ul style="list-style-type: none"> <li>1.) The pillar continued with the broken and<br/>missing tiles.</li> <li>2.) The "Main hall" in the kitchen area contained<br/>16 broken and/ or missing wall tiles, to the lower<br/>wall, exposing the unfinished dry wall.<br/>Furthermore, a 2 inch cut hole and a 1 inch cut<br/>hole in the wall tile and through the dry wall at the<br/>end of the Main hall through to a maintenance<br/>closet.</li> <li>3.) The "Back" exit hallway in the kitchen<br/>contained 17 broken/ missing wall tiles exposing<br/>unfinished dry wall with a 2 inch hole, exposing a<br/>void area within the wall.</li> </ul> </li> </ul> | F 465  |  |  |  |

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| F 465  | <p>Continued From page 23</p> <p>Staff J reported, "I have turned all of those [areas] in [to be repaired]."</p> <p>The facility's undated "Maintenance (Facilities Management)" policy revealed, "...Maintain the upkeep and repair of the building..."</p> <p>The facility failed to provide a safe and sanitary environment in the kitchen for the residents of the skilled unit.</p> | F 465  |  |                            |  |